	PAIENIA	Effect	ער		1562	35	1/10	8					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHE TYPE OR SMALL				
TOTAL CLAIMS			13				RA	Έ	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/7 minus 20=				X\$	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		*		X40	X40=			X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT							OR			
* If	the difference	in column 1 is	less than zero, enter		r "0" in c	"0" in column 2		+135=		OR		-12 X	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							ТОТ	AL		OR	TOTAL		
	C	(Column 1)	MIENDEL	(Column 2) (Column 3)			SMALL ENTITY			OR	OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent					=	X40)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1.40				+270=		
							+13	O= OTAL		OR	TOTAL		
							ADDIT.			OR	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS			mn 2) HEST	(Column 3)			ADDI-			ADDI	
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	T OL AINA	=	X40)=		OR	X80=		
	FIRST PRESE	NTATION OF M	OLTIPLE DE	PENDEN	I CLAIM		+13	5=		OR	+270=		
							ADDIT.	OTAL FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	5-1						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT	RA [*]	ΓE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	ï	
	Independent	*	Minus	***		=	X4)=		OR	X80=		
	FIRST PRESE	NTATION OF M	IULTIPLE DEPENDEN		T CLAIM	CLAIM				1	<u> </u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OF "***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT: FEE		
		nber Previously Pa					er found in t	he ap	propriate bo	x in c	olumn 1.		

Application or Docket Number